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EDWARDS LEGAL DEPT. 949-250-6885

NO. 3121 P. 1/1

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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30452 7590 09/13/2005

EDWARDS LIFESCIENCES CORPORATION  
LEGAL DEPARTMENT  
ONE EDWARDS WAY  
IRVINE, CA 92614

12/05/2005 TBESHAW2 00000081 501225 10754226

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Christine Koken	(Depositor's Name)
	(Signature)
December 2, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/754,226	01/09/2004	Michael Robert Forman	CVG-5614CON	8038

TITLE OF INVENTION: MULTI-BALLOON DRUG DELIVERY CATHETER FOR ANGIOGENESIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$1700	12/13/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
FRISTOE JR, JOHN K	3751	604-096010

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Bruce M. Canter 2 Debra D. Condino 3
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

Edwards Lifesciences Corporation

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Irvine, California 92614

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are enclosed:

- Issue Fee
- Publication Fee (No small entity discount permitted)
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- The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1225 (enclose an extra copy of this form). CVG-5614CON

## 5. Change in Entity Status (from status indicated above)

Customer No. 30452

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Debra D. Condino

Typed or printed name

Date December 1, 2005

Registration No. 31,007

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